

Date of Notification (1) 04/17/2015			Name o	f Building Owne o Appicella	er/Operato	(2)		2 2		7/2			
Agencies Notified	Type Notificati	on		Street A			-					-	*
DEP DOL .	Initial Amended Amendm			City, Sta	ate, Zip Code n NJ 08809		T.					ars	
DOH DCA	Emergen justification Cancellat				f Contact o Appicella			Telep	ie Nic	mher			
				FAC	LITY INFORMA	ATION							
Name of Facility Where A Private Residence	batement is Ta	king Place (3)				Type of Facility School (K-						
Street Address 2 East Main Street	8						Subchapte Other (i.e.	r 8 (Other		2) ial bui	dings	, hom	ies, ,
City (5) Clinton							Square Feet 1500	# of F	S	1.0	3ldg. / 50+	Age	
County (6) Hunterdon			Parkers on Budden		Uode (7)		Current Use (Pr House	ior if being	molis	hed)			
Name of Monitoring Firm	Hired by Buildin	ng Owner (8)	1	ASC	A No.	Name Bak	of Abatement Co o Construction	ntractor (9	tion	Inc			
Street Address						Street	Address A Route 46 St		-				
City, State, Zip Code	/, State, Zip Code					City, S	State, Zip Code wa, NJ 07512						
Project Manager for Moni	y, State, Zip Code pject Manager for Monitoring Firm					Telepi	none No.		nse N	lo.			
Start Date (10) 04/27/2015		Schedule	ed Con	npletion	Date (11)	Name	of OSHA Monitor)6 ——				
o o ose os incercas estactives	41 / / / /	04/29/2					o Construction	& Resto	tion	inc			
Occupancy Status During			10300				Address A Route 46 Su	iite 3D					
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Enti ed Outside of N	re Period of A ormal Facility	batem Hours	nent		City, S	State, Zip Code						
Scope of Work (Check All	That Apply)					1010	WG, 140 07312						
≥3 sf or ≥3 if ≥160 sf or ≥260 if	,		enova emolit				Full Containm Mini-Enclosur Glovebag Pro-	е	tive F	Pressu	re		Official of the control of the control
							Non-Exempte		-Friat	le Pro	cedur	е	
		1010 24.700	Locati lormal									emen rpe	t i
Location Asbestos-Containing !		Used	d Sole	ly by		Description	of Naterial (ACM)	Amo			1		\Box
TO BE ABA In Facilit (13)	TED	Cust	ntenar odial S (12)	Staff?	(i.e. them su		s insulation, T, or	(Spe SF or		Removal	Repair	Encapsulate	Enclosure
Crawlspa	100	Yes	No	N/A	Ding in		In the account		- //			Ф	
Attic						sulation		5L		X			
Attic			Α'		De	bris clea	n up	25 (-			
							or management		-				
Name of Registered Wast			10000000	JDEP W		ic Yards	Name of	Registered	ındfill		1		-
	Bako Construction & Restoration Inc				No. of V	Vaste	Grows						
City, State Totowa, NJ						oosal Date 29/15		e ville, PA					
Completed by Damir Valjevac		Title Proje	ct Ma	anager		Signature	ur Jage	vo C	Da O4	te 4/17/	2015		

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2015-73		(F	ursuan	to NJAC o	5.00-7 8	and 12.120-1)		Ch :# 717	8	75	-	
Date of Notification (1)	LIN	ame of Build	lina Owne	er/Operator (2))							
0 4 /1 7 /1 5				lical Center				1		- 1-		
Agencies Notified Type Notification	on S	treet Address	CHA ANGEN					-				
EPA Initial		1 Clara N	laass D	rive								
DEP	10	ity, State, Zij						_				-
▼ DOL		Belleville		109								
X DOH	N	ame of Conta	act				Te	lej ne Numb	ber			
☐ DCA ☐ Cancella	tion	Luis Cad	reres					_				
			FACI	LITY INFORM	MATION							
Name of facility where abatement is	taking pla	ace (3)					Type of F		2)			
Main Hospital, Entrance (N	ON SUE	3 8)				=	1	S ol (K-1 S hapter 8		han K	12)	
Street Address							=	Of (Private			-12)	
1 Clara Maass Drive							S-1	BI :./Homes			-l - A	
-0(5)	T Cour	nty (6)			T Coun	ty Code (7)	Square F	Fer # of Flo	oors	BIG	dg. Ag	ge
City (5)						e use only)	Current	Us Prior if be	eing den	nolishe	ed)	
Belleville	Ess	sex					Hospita		B 8			
Name of Monitoring Firm Hired by E	Bldg. Owne	er (8)		ASCM No.		Name of Abatemen	t Contractor (9)				
N/A					,	B & G Restora	ition, Inc.					
Street Address						Street Address 105 Ryerson	Road		-			
City, State, Zip Code		4				city, State, Zip Code						
94001 - 27 3010		121	8			Lincoln Park,	NJ 07035	_				
Project Manager for Monitoring Firm	0.	Pho	ne Numb	er		(973)696-68	69		se Numb 00378	oer		
Scheduled Start Date (10)	Sched	d. Completion	n Date (11)	[Name of OSHA Mo						
04/27/2015		01/2015	•			B & G Restora	ation, Inc.				- 73	
Occupancy Status During Abatemer						105 Ryerson F	Road					
Facility closed/vacated during			nent.			City, State, Zip Code		_				
Abatement performed outside Describe:												
Other-Describe: Occupied	& start: 7	:00am				LincolnPark, N	NJ 07035					-
Scope of Work (check all that apply	')							_				
☐ Demolition 🗶	Renovation	on			2000	II Containment w/ne	egative press		vebag pr			
\times >3 sf or >3 lf	≥160 sf or				Mi	ni-enclosure		X Nor	n-friable			
Location of	Is location	n normally u enance/custo	sed solely odial				Am	-	e	R	E n	E
asbestos-containing material to be	staff(12)	T		Descript material		bestos-containing	(Sp	oe SF or	m	p a	c a	n
abated in facility (13)	Yes	No	N/A		•		LF	ı	v e	i	p	L
underground			X	transite p	ipe		400		X			10
1												
					10							
								_				世
				l V V v v v v v v v v v v v v v v v v v	Masta	N f Dista	- 1 dell			Ш	Ш	
Registered Waste Hauler B & G Restoration, Inc.		EP Hauler II 19563)# C	ubic Yards of 7 yards	vvaste	Name of Registere Tullytowr	n Resource	e { Recove	ry Cen	ter		
City, State Lincoln Park, NJ			Disposal D	ate /01/2015		City, State Tullytown	, PA					
Completed by (Print or Type)	Title			Signature				Date)		У.	
Gordana Luna		nv/Treasu	rer	200	9	Gordana Luna		0	4/17/2	015		

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7

(Pursuant to NJAC 8:60-7 and 12:120-7) 2015-66 B & G proj. #: Chi Date of Notification (1) Name of Building Owner/Operator (2) 10 14 1/11 17 1/11 15 1 Barbara Laura Agencies Notified Type Notification Street Address ☐ EPA 167 Ashland Avenue X Initial DEP City, State, Zip Code Amendment DOL Bloomfield, NJ 07003 ne Number Name of Contact DOH Cancellation ☐ DCA Barbara Laura FACILITY INFORMATION Type of Fac Name of facility where abatement is taking place (3) S ol (K - 12) Barbara Laura hapter 8 (Other than K-12) (Private/Commercial X 01 Street Address ./Homes, etc. 167 Ashland Avenue # of Floors Bldg. Age Square Fee County (6) County Code (7) (State use only) Current Us Prior if being demolished) Essex Bloomfield, NJ residenti Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number Project Manager for Monitoring Firm (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 04/29/2015 04/29/2015 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Full Containment w/negative pressur X Glovebag procedure Demolition X Renovation Non-friable procedure ✗ Mini-enclosure × >3 sf or >3 lf >160 sf or >260 lf E Is location normally used solely Е Location of e п by maintenance/custodial Amo Description of asbestos-containing asbestos-containing m staff(12) SF or C (Spe material (ACM) material to be 0 a abated in facility (13) N/A Yes No 93 If X pipe insulation basement Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# Registered Waste Hauler Tullytown Resource Recovery Center B & G Restoration, Inc. 19563 Disposal Date City, State City, State Tullytown, PA 04/30/2015 Lincoln Park, NJ Signature Ciordana Luna Completed by (Print or Type) 04/17/2015 Secretary/Treasurer Gordana Luna

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

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(光井	1775	7	121	

Date of Notification (1)	× 1000				A1	-1D 1111	0 10			_	j.			
4 /	17	, 45					g Owner/Operator (
		/15			110	istees of	Princeton Unive	ersity		9 5				
Agencies Notified	10 and 10	otification			Street	Address			*					
⊠ EPA ⊠ DOLWD	☐ Initia				E.A	MacMill	an Building							
☑ DOLWD	Ame	enaea endment#			City, S	State, Zip (Code	4	13000				7.	
□ DCA		ergency (ir			Pri	nceton, I	NJ 08544	K 1 (1)	(ne) (salesses	and the same of the same		-,-		
(NJAC 5:23-8)		fication)	ioludiilig		Name	of Contac	zt .		Teleph	e Numb	er			
	☐ Can	cellation			Rol	bert Orte	ga		1					
					FΔ	CILITYIN	NFORMATION						_	
Name of Facility Where A	hatemer	nt is Takin	n Place	(3)	1.7	OILITT II	er ORMATION	Type of Facility	(4)	_				
Princeton Universit		it io Takin	9 1 1000	(5)				School (K-12						
Street Address	· y			-				Subchapter		n K-12)				
5 Ivy Lane								Other (i.e., p	rivate an		ial bu	ilding	IS,	
City (5)								homes, etc.)						
Princeton								Square Feet	# of F	ors	Ble	dg. A	ge	
					1-					_		124		
County (6)					Cour	ity Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if beir	lemolish	ied)			
MERCER														
Name of Monitoring Firm	Hired by	Building (Owner (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9)	K.					
Cardno ATC							BRISTOL EN	VIRONMENTA	L, INC.					
Street Address							Street Address	.+						
Bromley Corporate	Center	, 3 Terri	Lane, S	ite. '	12		1123 BEAVE	R STREET						
City, State, Zip Code							City, State, Zip Co	ode						-
Burlington							BRISTOL, PA	19007						
Project Manager for Moni	toring Fir	m		Tele	phone	No.	Telephone No.		Licer	No.				
Mike Keehn				60	9-386	-8800	215-788-6040	1	00)				
Start Date (10)		Sched	luled Co	mple	tion Da	te (11)	Name of OSHA M	lonitor						
_5 / 1 /	15		5 /					VIRONMENTA	INC					
Occupancy Status During							Street Address							
☐ Facility Closed/Vacate		and three San to have a property		10000	mont			CTDEET						
□ Abatement Performed						crihe	1123 BEAVE			_				
Time of Abatement: 7	:00AM-3	:30PM/	PM	-	AM	ONDC	City, State, Zip Co							
							BRISTOL, PA	19007						
Scope of Work (Check all	tnat app	ly)					⊠ Full Cont	ainment with Nec	ative Dr	uro				
≥3 sf or ≥3 If			⊠ Ren	ovati	on		☐ Mini-Enc	losure	alive Fit	ure				
≥160 sf or ≥260 lf			☐ Den	olitic	n		Glovebag							
							☐ Non-Exe	mpted (*) and No	n-Friable	ocedure				
1	- 6			ocat			_				Aba	ateme	ent T	уре
Location Asbestos-Containing N		ACM)	Used			Ashe	Description o stos Containing Ma		Arr	nt	Re	Re	En	m m
TO BE ABA	TED		A-10.2002.000000	tena			., thermal systems i		(Sr	fy	Removal	Repair	cap	clo
IN Facilit	у		Custo	dial 8 (12)	Staff?		surfacing, VAT,	or	SF	Ĵ.F)	val	7	Encapsulate	Enclosure
(13)			Yes	No	N/A	1	other miscellane	ous)					ate	
				7	_	0.000				_				
EXTERIOR						STUCC	O ON WALL		1		\boxtimes			
											П	П	П	П
										-	_			
			ш	Ш_							Ш	Ш	Ш	Ш
Name of Registered Wast	e Hauler			7,77	JDEP V		Cubic Yards of	Name of Regis	tered La	II				
BRISTOL ENVIRON	MENTA	L, INC.		Н	auler ID		Waste	G.R.O.W.S	NORT	ANDF	ILL			
City, State					18706		Disposal Date	City, State				-	-	
BRISTOL, PA 19007							0,000.000	MORRISVII	IF P/	9067				
Completed By (Print or Ty		Tial-					C:	III O A A A A A A A A A A A A A A A A A	, 1 /					
Brian Scafiro	he)	Title					Signature	0 1.	1-0	Date	/	1-	_	
INFORMATION TO CONTRACT TO A STATE OF THE ST		E	stimato	P.E			grean	Scofero /	JC.	14	17/	15		
SB-41 a							7.	//	//					

ASB-41 MAY 11 B5/5036

^{*} Do not use this form for asbestos licensure exempted activities.

CK 005954

D&S Proj. #: 2015-129

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

S											
Date of Notification (1)	Name of B	Building Owr	ner/Operator (2))				- 1		5/4	
0 4 / 1 6 / 1 5	CATH	Y TIMPON	IE, EXECUT	RIX							
Agencies Notified Type Notificat	Street Add	dress				1			140		
DEP Amended			SE PLACE			E 17 17 14			-	- 4- 40	
DOL Amendment #:		e, Zip Code	410								
■ DOH	Name of C	awn, NJ 07 Contact	410	and the same		Tele	ne Numb	er		100	
justification)	G t my		NE, EXECU	TDIV			No. 100				
Cancellation	CAIR	no neces							_		
		FAC	ILITY INFORM	IATION		T = 7=	- 7.N			F	
Name of facility where abatement is	s taking place (3)					Type of Fa	ci (4) Sc ol (K - 1)	2)			
THE ESTATE OF SUSAN PO	OR TO					4 1 -	Su napter 8	(Other t	han K	-12)	
Street Address							otl (Private/ ik /Homes,		ercial		
226 EAST RUBY AVENUE						Square Fe			ВІ	dg. A	ge
City (5)	County (6)	-			nty Code (7)						
PALISADES PARK	BERGEN			(Stat	e use only)	Current U	rior if be	ing den	nolish	ed)	
Name of Monitoring Firm Hired by			ASCM No.	ш	Name of Abateme	nt Contractor (9)				
					D & S RESTO	RATION, IN	<u> </u>				
Street Address					Street Address	Wil					
City, State, Zip Code					20 California City, State, Zip Coo			E.			
ony, onto, zip oodo					Paterson, NJ						
Project Manager for Monitoring Firm		Phone Numb	per	-	Telephone Numbe		Licens	se Numb	per		
					973-345-802			01169			
Start Date (10)	Sched. Comple	etion Date (1	1)		D & S Restora						
04/28/15	05/20/15	×:			Street Address	ation, me.					
Occupancy Status During Abatemer					20 California		_				
Facility closed/vacated during Abatement performed outside					City, State, Zip Coo	de	(a)				
Describe: NORMAL H	OURS			-	Paterson, NJ	07503					
Scope of Work (check all that apply						Full Containm	ne w/negativ	ve press	sure		
\boxtimes >3 sf or >3 lf	Renovation				Ē	Mini-enclosu					
≥160 sf or ≥260 lf	Demolition					Glovebag pro		n-friable	proc	edure	9
Location of	Is location normal by maintenance/c							R	R	E	E
asbestos-containing material (acm) to be	staff(12)	- I	Description material (sbestos-containing	Amo (Spe		m	р	n c	n
abated in facility (13)	Yes No	N/A		(/		LF)		V	i	a p	L
BASEMENT	X	\neg	PIPE INSU	JLATI	ON	100 L F	<u> </u>	e			\vdash
						= 1		ᆛ	屵	뷰	#
Registered Waste Hauler	NJDEP Haule	er ID# C	Cubic Yards of \	Waste	Name of Register	ed Landfill		_ ⊔	Ш	Ш	
D & S RESTORATION, INC.	13506		l yd.		TULLYTOWN		E ECOVE	RY			
City, State PATERSON, NJ 07503		Disposal [04/29/1			City, State TULLYTOW	Ν ΡΔ					
Completed by (Print or Type)	Title	= =====	Signature		I TOLLETTOW.	. 19 4 4 4	Date				
BOGDAN JOLDZIC	PRESIDENT						04/1	6/2015	5		
ASB-41	Do not use this for	m for asbest	os licensure ex	cempted	activities.						

CK 005853

State of NJ

Notification of Asbestos Abatement D&S Proj. #: 2015-127 (Pursuant to NJAC 8:60 and 12:120)

					5 1 4 0 -			
Date of Notification (1)	Name of Building Ow	ner/Operator (2)						1
0 4 / 1 6 / 1 5	DAVID Sirota							
Agencies Notified Type Notification EPA Initial	Street Address				1			
	127 INWOOD A	VENUE						
Amendment #:	City, State, Zip Code							
DOL Emergency	MONTCLAIR,	NJ 07042						
DOH (including justification)	Name of Contact			Teler	ne Number			
T DCA -	DAVID Sirota			1				
Cancellation				'		_		_
		CILITY INFORMA	TION					
Name of facility where abatement is t	taking place (3)			Type of Faci	(4) ol (K - 12)			
DAVID Sirota				□ sı	napter 8 (Other	than K-1	2)	
Street Address				☐ ot	(Private/Comm		-)	
				Blc	./Homes, etc.			
127 INWOOD AVENUE	1 0(0)			Square Fee	# of Floors	Bldg	g. Age	è
City (5)	County (6)		County Code (7) (State use only)	Current Us	rior if being de	m oliob s s	1	
MONTCLAIR	essex		(Citate acc citiy)	Current os	fior ii being de	monsned)	
Name of Monitoring Firm Hired by Blo	dg. Owner (8)	ASCM No.	Name of Abatement	Contractor (9)				
			D & S RESTOR	ATION, INC				
Street Address			Street Address					
			20 California A	ve.				
City, State, Zip Code			City, State, Zip Code					
			Paterson, NJ 07	7503				
Project Manager for Monitoring Firm	Phone Num	ber	Telephone Number		License Num			
			973-345-8020		01169	<i>j</i>		_
Start Date (10)	Sched. Completion Date (11)	Name of OSHA Mon D & S Restorati					
04/27/15	05/20/15		Street Address	ion, me.				
Occupancy Status During Abatement	(Check only one)		20 California Av	venue				
Facility closed/vacated during er			City, State, Zip Code					
Abatement performed outside of Describe:	f normal facility hours-		_					
Other-Describe: NORMAL HO	URS		Paterson, NJ 07	7503				
Scope of Work (check all that apply)				Full Containme	w/negative pres	sure		
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	Renovation			Mini-enclosure				
≥160 sf or ≥260 lf D	Demolition		Ħ	Glovebag proc Non-Exempted	and Non-friable	le proced	ure	
	Is location normally used sole	ely			R		E	Е
aspesios-cornaining	by maintenance/custodial staff(12)		of asbestos-containing	Amou	SF or	1	n c	n
material (acm) to be abated in facility (13)	Yes No N/A	material (A	CM)	(Spec LF)	0 V		а	C L
	100 100				е	r	Р	
BASEMENT		PIPE INSUL	ATION	177 L F		141	!	ᆜ
		-		_		-	4	ᆜ
		4				 		ᆜ
		4				 		╬
Registered Waste Hauler	NJDEP Hauler ID#	Cubic Yards of W	aste Name of Registered	L L andfill				
D & S RESTORATION, INC.		2 yds.	TULLYTOWN,		ECOVERY			
City, State	Disposal		City, State					
PATERSON, NJ 07503	04/28/		TULLYTOWN	, PA				
** TIME CONTROL OF THE CONTROL OF T	Title	Signature			Date	5		
	PRESIDENT Do not use this form for asbes	stos licensure ever	moted activities		04/16/ 201	J		_
ADD*41	20 HOL GOO HING TOTHE TOT GODGO	STOR HOURS GAGI	ipiou dollyllioo.					

CX 05960

D&S Proj. #: 2015-125

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)		lame of B	uilding Owr	ner/Operator (2	2)				-			-
0 4 / 1 4 / 1 5		JOE CA	RLOZZO									
Agencies Notified Type Notifica	tion	treet Add	ress			A						8
DEP Amended		55 EAS	T SUMM	IT AVENUE					**1 (-01)			
Amendment #	:	ity, State,	Zip Code									
□ DOL □ Emergency		midland	d park, nj	07432								
DOH (including justification)	N	ame of Co	ontact				Telep	e Numbe	er			
DCA Cancellation		JOE CA	ARLOZZO)			1					
			FAC	ILITY INFORM	MATION	l				_	=	
Name of facility where abatement	is taking pla	ace (3)				T	Type of Facil	4)				
JOE CARLOZZO							☐ Sc	I (K - 12		l construction l		
Street Address							☐ Sul	apter 8 ((Private/0			12)	
							Bld	Homes,		Joan		
55 EAST SUMMIT AVENU		1 (8)			,		Square Feet	# of Floo	ors	В	dg. A	ge
City (5)	Cour	nty (6)				nty Code (7) te use only)	0					-
midland park	BE	RGEN			(Sta	te use offiy)	Current Use	rior if bei	ng aem	nolish	ed)	
Name of Monitoring Firm Hired by	Bldg. Owne	er (8)		ASCM No.	'	Name of Abatement	Contractor (9)					
						D & S RESTOR	ATION, INC.					
Street Address						Street Address						
×						20 California A	ve.					
City, State, Zip Code					_	City, State, Zip Code						
Control of the second of the s						Paterson, NJ 07	503					
Project Manager for Monitoring Firm	1	P	hone Numb	per		Telephone Number		License				
				AND HEAT PARTY		973-345-8020		1	01169			
Start Date (10)	Sched	. Complet	ion Date (1	1)		Name of OSHA Moni						
04/24/15	04/30)/15				Street Address	on, mc.					
Occupancy Status During Abateme	nt (Check o	nly one)				20 California Av	enue					
Facility closed/vacated during						City, State, Zip Code		2				
Abatement performed outside Describe:		facility hou	urs-									
Other-Describe: NORMAL F	IOURS				_	Paterson, NJ 07	503					
Scope of Work (check all that appl	y)					_	-ull Containme	/negative	e press	ure		
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	Renovation	n				the state of the s	Mini-enclosure Glovebag proce	**				
≥160 sf or ≥260 lf □	Demolition	1					Non-Exempted	re and Non	-friable	proc	• edure	1
Location of			used solel	у					R	R	Е	E
asbestos-containing material (acm) to be	staff(12)	enance/cu	Stodiai			sbestos-containing	Amour (Specit	For	m	e p	n	n
abated in facility (13)	Yes	No	N/A	material	(ACM)		LF)	11 01	0	a	a	L
				1					e	r	р	
BASEMENT/CRAWL SPACE		X_	4	PIPE INSU	JLATI	ON	158 L FT			브	Ц	
				<u> </u>					井	부	부	H
				1					井	뷰	屵	片
			-	-			-		╬	屵	井	片
Registered Waste Hauler	NJD	P Hauler	ID# I C	Cubic Yards of	Waste	Name of Registered	Landfill		_	Ш	Ш	
D & S RESTORATION, INC.	135			2 yds.		TULLYTOWN,		COVE	RY			
City, State			Disposal I			City, State	2002					and the same of the
PATERSON, NJ 07503	Title		04/27/1			TULLYTOWN,	PA					
Completed by (Print or Type) BOGDAN JOLDZIC	ENT		Signature				Date	/2015				
	* Do not us		for ashest	os licensure ex	remnter	1 activities		104/14	/ 2015		-	

CK 005734

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 2015-128

Date of Notification (1)	Name o	of Building Ow	ner/Operator (2	!)							
Agencies Notified Type Notificat	ion	N MORRISC	N					54		-	
☐ EPA ☐ Initial	Street A	Address				4 orthographic					
DEP Amended Amendment #:		MAPLE PLA ate, Zip Code	ACE								
DOL Emergency		ANFORD, N.	J 07016								
DOH (including justification)	Name o	f Contact				Telep	ie Numbe	er			- 15-
DCA Cancellation		IN MORRIS	ON								
•		FAC	CILITY INFORM	MOITAN	l						
Name of facility where abatement is	s taking place (3)					Type of Facil	(4)				
JOHN MORRISON						Sc Su	ol (K - 12		han k	10)	
Street Address						⊠ Oth	apter 8 (0 (Private/0	Comme		-12)	
106 MAPLE PLACE						Square Feet	# of Floo		B	dg. A	ge
City (5)	County (6)			Cou	nty Code (7)			,,,,		-g	90
CRANFORD	UNION			(Sta	te use only)	Current Use	rior if beir	ng dem	nolish	ed)	
Name of Monitoring Firm Hired by I			ASCM No.		Name of Abatemen	t Contractor (9)					
					D & S RESTOR	RATION, INC.					
Street Address					Street Address						
City, State, Zip Code				_	_20 California A City, State, Zip Code					_	
					Paterson, NJ 0						
Project Manager for Monitoring Firm		Phone Num	ber		Telephone Number		License				
		<u></u>			973-345-8020 Name of OSHA Mor			01169			
Start Date (10)	Sched. Com	pletion Date (1	1)		D & S Restorat						
04/27/15 Occupancy Status During Abatemen	05/20/15	٥١		_	Street Address						
Facility closed/vacated during	entire period of a	batement.			20 California A City, State, Zip Code						
Abatement performed outside Describe:		hours-									
Other-Describe: NORMAL H				_	Paterson, NJ 0	7503					
Scope of Work (check all that apply >3 sf or >3 lf	Renovation					Full Containmer Mini-enclosure	/negative	e press	ure		
□ ≥160 sf or ≥260 lf	Demolition					Glovebag proce	re				
Location of	Is location norm		У			Non-Exempted	and Non-	-friable	Proce	edure E	
asbestos-containing material (acm) to be	by maintenance staff(12)	custodial			sbestos-containing	Amour (Speci	F or	e m	e p	n c	E n
abated in facility (13)	Yes No	o N/A	material ((ACIVI)		LF)	,, 01	o v	a i	a	L
BASEMENT			PIPE INSU	ILATI	ON	122 L FT		e	r	\Box	Н
										一	占
			1					井	井	뷰	片
Registered Waste Hauler	NJDEP Hat	uler ID#	Cubic Yards of V	Waste	Name of Registered	d Landfill		. [ш	Ш	
D & S RESTORATION, INC. City, State	13506	Disposal I	2 yds.		TULLYTOWN, City, State	RESOURCE	COVE	₹Y	-		
PATERSON, NJ 07503		04/28/1		15	TULLYTOWN	, PA					
Completed by (Print or Type) BOGDAN JOLDZIC	Title		Signature				Date	10.0 : -			
ASB-41	PRESIDENT Do not use this f	orm for asbest	os licensure ex	empted	d activities.		04/16/	2015			

NO CK

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

				NOT				C 8:60 and 5:1		£	7				
Date of Notification (1)						Name	of Building	g Owner/Operator ((2)	2012		,,			
01/	15	1 _	14			1		niversity-Office	Co.	Const	tion				
	Type N		ation			Street	Address		ي رُهِ	ini	- FL	7	: 54		
						200	Elm Dr.			2 - 2	7		14		
☑ DOLWD . ☑ DHSS	Ame Ame			8-4/2	0/15	City, S	State, Zip C	Code	- 1	4.7	AJ	1112	Cir.		_
	☐ Eme			0.000	77.71	Pri	nceton, N	IJ 08544			127	C '	H		
(NJAC 5:23-8)		fication		Jaaning		Name	of Contac	t		Telep	ne Numb	er			
	☐ Can	cellat	ion			Rol	pert Orte	ga		i					
A						FA	CILITY IN	FORMATION	-	-					
Name of Facility Where Ab	oatemer	nt is T	aking	Place	(3)				Type of Facility	(4)		_			
Princeton University	-Fires	tone	Libra	ary					School (K-12						
Street Address									Subchapter 8	3 (Other	an K-12)	2 200	20110		
Washington Rd									Other (i.e., pont) homes, etc.)	rivate a	commerc	ial bu	ilding	JS,	
City (5)									Square Feet	# of	ors	BI	dg. A	ne .	
Princeton									9444101.000	" "	0.0	0,	ug. M	gc	
County (6)						Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	ior if he	demolish	led)			_
MERCER						200000	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Library	ioi ii bo	derrionsi	icu)			
Name of Monitoring Firm H	lired by														
ATC Associates Inc.			BRISTOL ENVIRONMENTAL, IN												
Street Address		BRISTOL ENVIRONMENTAL, IN Street Address													
Three Terri Center		Street Address 1123 BEAVER STREET													
City, State, Zip Code					-			City, State, Zip Co							
Burlington, NJ 08016	3							BRISTOL, PA							
Project Manager for Monito		m			Tele	phone	No	Telephone No.	(15001	Lies	No.				
Michael Keehn	Jing i ii				1 333	9-386		215-788-6040	r.	Lice	9				
Start Date (10)		Ts	chedi	iled C	55500	tion Da	// T. (T. (T. (T. (T. (T. (T. (T. (T. (T.	Name of OSHA M	***	00	9				
4 / _21_ / _	15		4		655	/ _			VIRONMENTAI	L, INC.					
Occupancy Status During A	Abatem	ent (C	Check	only o	ne)		2777-71-71	Street Address			-			-	
☐ Facility Closed/Vacated								1123 BEAVE	R STREET						
Abatement Performed C	Dutside	of No	ormal I	Facility	Hour	s - Des	cribe	City, State, Zip Co	ode	 %	-				
Time of Abatement: 6:0	<u>JU</u> AM- <u>2</u>	:30P	/M/	PN	/I	AM		BRISTOL, PA	19007						
Scope of Work (Check all t	hat app	ly)							A CONTRACTOR OF THE CONTRACTOR						
☐ ≥3 sf or ≥3 lf				⊠ Rei	novot:				tainment with Neg	ative P	sure				
≥160 sf or ≥260 lf					nolitic				g Procedure						
									mpted (*) and No	n-Friabl	rocedure	<u> </u>			
				1000	Locat	250000						Ab	ateme	ent T	уре
Location of			.		lorma d Sole			Description o					_		
Asbestos-Containing M TO BE ABAT		ACIVI)		ntena			stos Containing Ma ., thermal systems		A (S	unt	Removal	Repair	Encapsulate	Enclosure
IN Facility				Cust		Staff?	(surfacing, VAT,	or	SF	LF)	oval	=	nsd	Sur
(13)			+		(12)		-	other miscellane	ous)			100.00		late	е
Throughout Levels C,	B and	A		Yes	No	N/A	Floor til	e and mastic		1,4	SF				
Office A-7J			-								. / 2002	_			
	D and	Α.					Window	VIIIVONE SERVICE		9	.F				
Throughout Levels C,	B and	A					Duct W			17	SF	Ш			Ш
1 st Floor Level 1				Ш				sulation (Wrap &		7	.F				
Name of Registered Waste					0.00	JDEP V		Cubic Yards of	Name of Regis		fill				
SERVICE TRANSPOR	KI GR	OUP	INC			20990		Waste	G.R.O.W.S	. NOR	LANDF	ILL			
City, State								Disposal Date	City, State						-
NEW CASTLE, DE									MORRISVI	LLE, P	19067				
Completed By (Print or Typ	e)		Title					Signature	0 0 0		Date	e /	7		
Brian Scafiro		Title Signature Estimator									4	/20	1/	5	

ASB-41 MAY 11 BS14003-B

^{*} Do not use this form for asbestos licensure exempted activities.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

/			(Pu	rsuar	t to NJA	C 8	:60 and 5:1	6)		192	_			
tion (1)				Name	of Building	g Ow	ner/Operator (2)			100			
1 / 15	_ / _	14		Prin	nceton U	nive	rsity-Office	of Design and	Cons	ction.	2015		"	
Notified Type	Notifica	ation		Street	Address				 t io		3	6		
⊠ Ir				200	Elm Dr.						1	70		
	mended	i ent # <u>28-4/2</u>	0/15	City, S	State, Zip C	Code			-		1	3		
		cy (includin		Prin	nceton, N	30 LI	3544				2.5	-		Tara
	stificati		3	Name	of Contac	t			Tele	ne Numbe	er.	-	,	
	ancellat	tion		Rol	pert Orte	ga						-	<i>:</i> .	190
				FAG	CILITY IN	IFOF	RMATION				7	٥	5	
Name of Facility Where Abaten			(3)					Type of Facility			4			
Princeton University-Fir	estone	Library						School (K-12		on V 12\				
Street Address								Subchapter 8		an K-12) commerc	ial bu	ildina	s.	
Washington Rd								homes, etc.)						
City (5)								Square Feet	# 01	ors	Blo	dg. Ag	je	
Princeton														
County (6)				Cour	nty Code (7	r)(STA	TE USE ONLY)	Current Use (Pri	or if b∈	demolish	ed)			
MERCER			Owner (8) ASCM No. Name of Abatement Contractor (9)											
Name of Monitoring Firm Hired	by Build	ding Owner (8) ASCM No. Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, IN												
ATC Associates Inc.						В	RISTOL EN	VIRONMENTAL	L, INC					
Street Address						Stre	eet Address							
Three Terri Center						1	123 BEAVE	R STREET						
City, State, Zip Code						City	, State, Zip Co	ode						
Burlington, NJ 08016						В	RISTOL, PA	19007						
Project Manager for Monitoring	Firm		Tele	phone	No.	Tele	ephone No.		Lice	e No.				
Michael Keehn			60	9-386	-8800	2	15-788-6040	I.	0	09				
Start Date (10)	5	Scheduled C	omple	tion Da	te (11)	Nar	me of OSHA N	lonitor						
4 /21 /15	_	4	_ 23	3_/_	15	В	RISTOL EN	VIRONMENTAL	_, INC					
Occupancy Status During Abate	ement (Check only	one)			Stre	eet Address			-				
☐ Facility Closed/Vacated Dur						1	123 BEAVE	R STREET						
☐ Abatement Performed Outsi					cribe	City	, State, Zip Co	ode			27			
Time of Abatement: 6:00AM	1- <u>2:30</u> F	PM/P	M	AM		В	RISTOL, PA	19007						
Scope of Work (Check all that a	pply)						<u> </u>							
≥3 sf or ≥3 lf		M D	enovati	0.0				tainment with Neg	ative F	sure				
≥3 \$1 61 ≥3 11 ≥160 \$f or ≥260 If			emolitic					g Procedure						
45-5		2/12/14		12.0			Non-Exe	mpted (*) and No	n-Friat	Procedure	ľ.			
			Locat								Aba	ateme	ent Ty	/pe
Location of	-1 /4 05/	1.15	Norma ed Sole		A-6-		Description of		,		Re	Re	щ	Щ
Asbestos-Containing Materi TO BE ABATED	ai (ACIV	' Ma	intena	nce/	ASDE (i.e	the	Containing Ma rmal systems	insulation,	(:	ount	Remova	Repair	Encapsulate	Enclosure
IN Facility		Cus	todial (12)	Staff?	,	S	urfacing, VAT	, or	Š	r LF)	Val	7	Sul	sure
(13)		Yes	No.	N/A	1	oti	ner miscellane	ous)					ate	
B Level		Tes	100000		Elearti	lo or	nd mastic			SF			П	
B Level	-							C(1)						
	-				-	-	tion (Wrap 8		_	-				
Delong Reading Level							tion (Wrap 8	(Cut)		LF				믜
C Level Near Vault					Floor T	_			7	SF	Ш	Ш	Ш	Ш
Name of Registered Waste Hau			9.0	JDEP \ lauler II		Cub	oic Yards of	Name of Regis		dfill				
SERVICE TRANSPORT (KOUF	INC		20990				G.R.O.W.S	. NOR	LANDF	ILL			
City, State						Dis	posal Date	City, State						
NEW CASTLE, DE								MORRISVII	LLE, I	19067				
Completed By (Print or Type)		Title					Signature	1 0 1		Date	e /.	1	-	
Brian Scafiro		Estima	tor				Dian s	Section Li	2	4	4/20	113	,	

ASB-41 MAY 11 BS 14003 - B

* Do not use this form for asbestos licensure exempted activities.

				Nan									
Votification (1) 01 / 15	, ,	14				ng Owner/Operator University-Office		d 0			MIR V		ij.
		_					or Design an	a Cons	ction	- - () - ()	23	1	
	pe Notificatio Initial	n		1000000	et Address					70	13.1	7	
	Amended				00 Elm Dr						=	221-	- 1
	Amendment			3	State, Zip					3			
DCA (NJAC 5:23-8)	Emergency ((includi	ng	-		NJ 08544				- 2		50	
Control of the contro	justification) Cancellation				e of Contac	•		Teler	ne Nur	nber "			
	Odificellation				bert Orte								
Name of Facility Where Abate	mont in Tale	DI-	(0)	F/	CILITY II	NFORMATION						6	_
Princeton University-F			ce (3)				Type of Facility						
Street Address	restone Li	brary					School (K-1	12)	an 1/ 1	21			
Washington Rd							Other (i.e.,	private a	an K-1 comme		uildir	as.	
City (5)							homes, etc	.)				3-1	
Princeton							Square Feet	# of	ors	В	lldg. A	Age	
County (6)													
MERCER				Cou	inty Code (7	7)(STATE USE ONLY)	Current Use (P	rior if be	demol	ished)			
	d by Delt-it	^	10:	1.55			Library						
Name of Monitoring Firm Hire ATC Associates Inc.	n by Building	Owner	(8)	ASCN	l No.	Name of Abateme							
Street Address						BRISTOL EN	VIRONMENTA	AL, INC.					
Three Terri Center						Street Address							
City, State, Zip Code						1123 BEAVE							
						City, State, Zip Co							
Burlington, NJ 08016						BRISTOL, PA	19007						
Project Manager for Monitoring	Firm		100000000000000000000000000000000000000	ephone		Telephone No.		Lice	No.				
Michael Kacha					2 0000			2000					
Michael Keehn				09-386		215-788-6040		00	9				
Start Date (10)	Sche	duled (Comple	etion Da	ate (11)	Name of OSHA M	lonitor		9				
Start Date (10)	_ _	4	Comple / 2		ate (11)	Name of OSHA M			9				
Start Date (10) 4 /21 /15 Occupancy Status During Aba	tement (Chec	4 ck only	Comple / 2 one)	etion Da	ate (11)	Name of OSHA M	lonitor		9				
Start Date (10) 4 / 21 / 15 Occupancy Status During Aba Facility Closed/Vacated Du	tement (Chec	4 ck only eriod of	Comple / 2 one)	etion Da	15	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER	Ionitor VIRONMENTA		9				
Start Date (10) 4 / 21 / 15 Occupancy Status During Aba Facility Closed/Vacated Du Abatement Performed Outs	tement (Checking Entire Period of Normal	k only eriod of	comple / 2 one) Abate	etion Da	15 scribe	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co	Ionitor VIRONMENTA R STREET		9				
Start Date (10) 4 / 21 / 15 Occupancy Status During Aba Facility Closed/Vacated Du Abatement Performed Outs Time of Abatement: 6:00A	tement (Cheoring Entire Period of Norma	k only eriod of	comple / 2 one) Abate	etion Da	15 scribe	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER	Ionitor VIRONMENTA R STREET		9				
Start Date (10) 4 / 21 / 15 Occupancy Status During Aba Facility Closed/Vacated Du Abatement Performed Outs Time of Abatement: 6:00A	tement (Cheoring Entire Period of Norma	k only eriod of	comple / 2 one) Abate	etion Da	15 scribe	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	Ionitor VIRONMENTA R STREET ode 19007	L, INC.					
Start Date (10) 4 / 21 / 15 Occupancy Status During Abat Facility Closed/Vacated Du Abatement Performed Outs Time of Abatement: 6:00A Scope of Work (Check all that	tement (Cheoring Entire Period of Norma	ck only eriod of all Facility	Complete Com	ement rs - Des AM	15 scribe	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	Ionitor VIRONMENTA R STREET ode 19007 ainment with Ne	L, INC.	9 ure				
Start Date (10) 4 / 21 / 15 Occupancy Status During Abat Facility Closed/Vacated Du Abatement Performed Outs Time of Abatement: 6:00A Scope of Work (Check all that	tement (Cheoring Entire Period of Norma	ck only eriod of all Facility	Comple / 2 one) Abate ty Hou PM	ement rs - Des AM	15 scribe	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	Ionitor VIRONMENTA R STREET ode 19007 ainment with New osure g Procedure	sL, INC.					
Start Date (10) 4 / 21 / 15 Occupancy Status During Abat Facility Closed/Vacated Du Abatement Performed Outs Time of Abatement: 6:00A Scope of Work (Check all that	tement (Cheoring Entire Period of Norma	4 ck only eriod of all Facilities F	complete Com	etion Da 3 / ement rs - Des _AM ion	15 scribe	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	Ionitor VIRONMENTA R STREET ode 19007 ainment with Neilosure	sL, INC.		ге			
Start Date (10) 4 / 21 / 15 Occupancy Status During Abar Facility Closed/Vacated Du Abatement Performed Outs Time of Abatement: 6:00A Scope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	tement (Cheoring Entire Period of Norma	ck only eriod of all Facilities	one) Abate ty Hou M enovate emolities Loca	etion Da 3 / ement rs - Des AM ion	15 scribe	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encl Glovebag Non-Exer	NONITOR OF THE PROPERTY OF T	sL, INC.	ure		atem	ent Ty	/ре
Start Date (10) 4 / 21 / 15 Occupancy Status During Abat Facility Closed/Vacated Du Abatement Performed Outs Time of Abatement: 6:00A Scope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mater	tement (Checking Entire Period of Normal M-2:30PM/_apply)	k only eriod of all Facility F	one) Abate ty Hou M- enovate molitic S Loca Norma ed Sole	ement rs - Des AM ion on ally ely by	ate (11) 15 scribe	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encl Glovebag Non-Exer	Ionitor VIRONMENTA R STREET ode 19007 ainment with Neilosure p Procedure mpted (*) and No	gative Pr	ure	Ab	_		
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Start Date (10) 4 / 21 / 15 Occupancy Status During Abat Facility Closed/Vacated Du Abatement Performed Outs Time of Abatement: 6:00A Scope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mater	tement (Checking Entire Period of Normal M-2:30PM/_apply)	A ck only eriod of all Facility F	one) Abate ty Hou PM enovate s Loca Normaled Sole aintena	ement rs - Des AM ion on tion allly ely by ance/ Staff?	ate (11) 15 scribe Asbes	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encl Glovebag Non-Exer Description of stos Containing Mat thermal systems in surfacing, VAT,	R STREET ode 19007 ainment with New osure procedure mpted (*) and Note of the control of the c	gative Pr	ure		atem Repair		
Start Date (10) 4 / 21 / 15 Occupancy Status During Abat Facility Closed/Vacated Du Abatement Performed Outs Time of Abatement: 6:00A Scope of Work (Check all that 3 sf or 3 lf >160 sf or >260 lf Location of Asbestos-Containing Mater TO BE ABATED IN Facility	tement (Checking Entire Period of Normal M-2:30PM/_apply)	A ck only eriod of all Facility F	one) Abate ty Hou PM enovate molities Loca Norma ed Sole aintena	ement rs - Des AM ion on tion allly ely by ance/ Staff?	ate (11) 15 scribe Asbes	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encl Glovebag Non-Exer Description of stos Containing Mat thermal systems in	R STREET ode 19007 ainment with New osure procedure mpted (*) and Note of the control of the c	gative Pr	ure ocedu	Ab	_	ent T- Encapsulate	e Enclosure
Start Date (10) 4	dement (Checking Entire Period of Normal M-2:30PM/_apply)	A Cus	Complete Com	ement rs - Des AM ion on tion allly ely by ance/ Staff?	Asbes (i.e.	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encl Glovebag Non-Exer Description of stos Containing Mat thermal systems in surfacing, VAT, other miscellaneous	R STREET ode 19007 ainment with New osure procedure mpted (*) and Note of the control of the c	gative Pr	nt ify _F)	A Removal	_		
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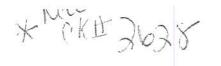
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☐ DCA ☐ Cancellation		BRUC	E BREUN	116	_نـــن				
	7, 7 .	FACILITY IN	FORMATION						
Name of Facility Where Abatement is Taking	n Place (3)			Type of Facility	1				
	9.0000			☐ School (K-1					
RESIDENCE				Subchapter	Other than K-12				
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Project Manager for Monitoring Firm	Tele	ephone tyc	Telephone No		License No	. 1			
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Schar	uled Comple	tion Date (11	Name of OSHA	Monitor					
Start Date (10) Scheo	1.7/15		JOSEPH	KLEMW	JR				
7/30/17	1		Stree: Address		3.5	4			
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☐ Facility Closed/Vacated Duning Entire Per	Too or Abarer	men.	Cry. State. Zip (The second secon					
Abatement Performed Outside of Normal	Facility Hour	5			V.7 08	20	>		
Other - Describe:			MAPLE	SHAPE	7.1 00	03			
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TO BE ASATED IN Fadio	Staff?	1	surfacing, VAT	10	SF or LF)	Removal	Repair	psi	SO
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Michael KLEMM- V	ICE. Y	RESIDENT	- Muc	21/1		J			

2015 AFR 23 AM	1:65		(Pursuant	to NJAC 8:50 a	S ABATE nd 12:120	VIENT		N. O. W. S.	17.	-	-1-4-	
Date of Notification (1)	Unter		-:	Name	of Building Owner	r/Operator	(2)		-25	22 20	Along,	-	-
Agencies Notified	11113					ILDIN.	ASSOCIA	16.3/0	132	\mathcal{G}_{i}	all to	OVE	1
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City, State, Zip Code				100.000		City, 5	State, Zip Code and Park, NJ 0743.			-			
Project Manager for Monito	ring Firm		1			1 milato	TIG FEIN, 193 0743			*******			
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In Facility (13)		Cust	(12)	Staff?	surf	acing, VA	r, or	(S) SF	fy .F)	LI 65	Repair	den	TICK.
(10)		Yes	No	Non I	other	miscellan	aous)		67.	Removal	Ağı,	Encapsulab	Enclosure
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Date of Notification (1)			I	lame of	Building (Owner/C	Operator	(2)	1112	Y May				THE STATE
04/17/2015			R	loxsbu	y Town	ship				4.	1			
	e Notification		5	Street Ad	idress				4 .					
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				FACI	LITY INFO	RMAT	ION	T 1 F 1114 .	(4)					
Name of Facility Where Abate							#	Type of Facility	(4)					
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Street Address									er 8 (Other the private & co) I build	lings,	home	es,
209 Main St								etc.)						
City (5) Ledgewood, NJ								Square Feet	# of Flo		B	ldg. A	ge	
County (6)		8			Code (7) USE ONLY	1		Current Use (Pr	for if being c	olishe	ed)			
Morris														
Name of Monitoring Firm Hire	d by Building	Owner (8)		ASCN	No.			of Abatement Co						
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Street Address								Address						
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City, State, Zip Code						105.0	State, Zip Code Iolph NJ 078	260						
Project Manager for Monitorin	a Firm			Telepho	ne No			hone No.	Lic	se No	,			
Project Manager for Monitorin	lg Fillii			relepilo	ne ivo.			933-2550	01	3				
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Facility Closed/Vacated Abatement Performed O	During Entire	Period of / mal Facility	Abatem / Hours	ent				State, Zip Code		-				_
Other – Describe:						_		n, NJ 07083						
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City, State Randolph, NJ						Dispo	osal Date		ate wn, PA					
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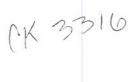
Date of Notification (1) 4-15-2015			Building Ov aragone	wner/Operator	(2)							
Agencies Notified Type Notification		Street Ad	dress ad Terrac	e e				-			9	
EPA Initial Amended Amendment #	-	City, State	e, Zip Cod	9		أندار	0	-				
	cluding	Name of					Telephor	lumb	er			
		FACIL	ITY INFOR	RMATION								
Name of Facility Where Abatement is Taking Residential	Place (3)					f Facility (4) chool (K-12)						
Street Address 22 Broad Terrace					S X	ubchapter 8 ther (i.e. pri	(Other tha	(-12) ercial	build	ings,	home	es,
City (5) Bloomfield, NJ 07003					Square 1048	tc.) Feet	# of Floc		2,550	dg. A	ge	
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	(0)		18		-6.05-4	amani Canta	ender (O)	_	2			
Name of Monitoring Firm Hired by Building O	wner (8)	ASCM	No.			ement Contr ironmenta		LLC)			
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City, State, Zip Code				1 30000 7 000	State, Zip	Code , NJ 0730)4					
Project Manager for Monitoring Firm		Telephor	ne No.	Telep	hone No		Lic 01	e No.				
	Scheduled Co	mpletion [Date (11)	Name		A Monitor						
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Name of Registered Waste Hauler		NJDEP W	Vaste	Cubic Yards		Name of F	Registered	ndfill				
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City, State Jersey City, NJ				Disposal Date 4-16-2015		City, State Morrisvi						
Completed by Liliana Serrano	Title Office M	anager		Signatu		Der	REW	Dat 4-1	e 15-2	015		



Date of Notification (1)				f Building Owne		200000000	· ·					
4/16/15			Jade	Hackettstowr	Associate:	s, LLC	1.4 - J					
Agencies Notified	Type Notificatio	n	Street A	ddress Sunnyview O	val		.6				1	?
× EPA × DEP × DOL	initial Amended Amendme	7 t # 5	City, Sta	ate, Zip Code Dey, NJ 0883				-	-	ř. ř.		
A22100	Emergence	y (including		f Contact			1 = 1	1.1				
DOH DCA	justification Cancellation		billy	i Contact			Teleph	Num	ber			
			FACI	ILITY INFORMA	TION			-		-		
Name of Facility Where A Former Bergan Mad					Ту	pe of Facility (4)					
Street Address	offine and roc	Company				School (K-1 Subchapter		V 121				
91 Main Street						Other (i.e. p		K-12) ercial		dings	hom	es,
City (5)					Sq	uare Feet	# of Flo	-	TB	ldg. A	lae	-
Hackettstown						0,000	2		- 00	00+		
County (6) Warren				Code (7) USE ONLY)		irrent Use (Pridool Compan		olishe	d)		and state \$1.50	
Name of Monitoring Firm	Hired by Building	Owner (8)	ASCN	/ No.		Abatement Con						
		,			V Description	ulation Co.,						
Street Address					Street Add	iress trose Road					J. 11 - 1881	
City, State, Zip Code						, Zip Code		_				
						eck, N.J. 07	722					
Project Manager for Mon	itoring Firm		Telepho	ne No.	Telephone 732-294		Lic OC	e No.				
Start Date (10) 3/23/15		Scheduled 4/25/15	Completion	Date (11)	Name of C	SHA Monitor						
Occupancy Status During	Abatement (Che	eck Only One)			Street Add	iress						
Facility Closed/Vaca	ated During Entire	Period of Aba	atement		87 Main	Street						
Abatement Perform X Other – Describe:	ed Outside of No	mal Facility He				, Zip Code		2000				
Scope of Work (Check A		The same of the sa			Lincoln	Park, New .	Jersey 0	35				
≥3 sf or ≥3 lf	п тпас Арргу)	Ren	ovation			Full Containme	ent with No	ve Pre	accili	ro.		
× ≥160 sf or ≥260 lf			nolition		×	Mini-Enclosure Glovebag Proc		VC 1 10		C		
					-	Non-Exempted		riable	Pro	cedur	е	
		7 L	cation								ement	1
Location			mally Solely by	Company Company Company (1975)	escription of		E20000 11	-		1 9	ре	
Asbestos-Containing TO BE ABA		Mainte	enance/		ntaining Mate al systems ins		Amou (Spec		ZI.		En	m
In Facili		13 EAST VESTICAL	ial Staff? 12)	sur	facing, VAT, o	г	SF or I		Removal	Repair	caps	nclo
(13)		1	7	othe	miscellaneou	is)			oval	air	Encapsulate	Enclosure
Boiler ro	om	Yes 1	No N/A	anha	estos Ceme	nt	400 :		·			
boiler ro			X				25	-	X			
Doller 10	-		X	hih	e insulation	-	251		X			
Karani and American American American		+						-				
Name of Registered Was	te Hauler		NJDEP W	laste Cub	ic Yards	Name of F	Registered	dfill				
Ace Insulation Co., I			Hauler ID 12086	No. of W	/aste	Chrins						
City, State				Disp	osal Date	City, State	1 .	-			-	
Colts Neck, New Jer	sey			4/25	5/15	Easton,						
Completed by Bree McGuire		Title Secreta	ary Treasu	ırer	Signature 7	1		Date		5		
					-//	-1						

CK# 24777

Date of Notification (1)	-/9/15			Name	of Buildin	g Owner/Operator	O'Brien	28	EPR	23	£4	1.	
Agencies Notified	Type Notification			Street	Address		OBIGI	e .			r.i j	1 .	4
EPA EPA	initial						Morningssid	e Drive	-57			. 7.	Н
DEP DOL	Amended Amendment #		_ [City, S	State, Zip C		Survey NII O	0.610	1.16	LH	311	G	
☑ DOH	Emergency (in justification)	cluding	ī -	Name	of Contac		renton, NJ 0	Telepho	Numb	or			_
DCA	Cancellation			IVAITIE		ohn O'Brien		releptic	Numb	er			
				FAC		ORMATION					-	_	
Name of Facility Where	Abatement is Takin	g Place	(3)				Type of Facility	v (4)					
	Resi	dentia	al				School (K-1						
Street Address	10635		ъ.				Subchapter Other (i.e., p		K-12 nercia		dings		
Cit. (5)	106 Morni	ngsid	e Dr	ive			homes, etc	.)	202500000			fo.	
City (5)	Trenton,	NIC	8618	R			Square Feet 2000	# of FI	S	В	dg. A Rn	.ge +/-	
County (6)	Tremen,	113 0	70010		nty Code (7) (STATE	Current Use (P	rior if being	molis	hed)	00	1/-	_
	Mercer				ONLY)	*** **********************************				toons on Es			
Name of Monitoring Firm		Owner		ASCM	No.		ment Contractor (9	9.5					
(8)	MECS		_1.				vens Environ	mental :	vice	s, Ir	ıc.		
Street Address	PO Box 34	1				Street Address	PO I	30x 322					
City, State, Zip Code	TO DOX 54					City, State, Zip (30X 322		-			_
	rosswicks, NJ	08515	5				Allentow	n, NJ 0	01				
Project Manager for Mo	0.000		72	phone		Telephone No.		Licens	lo.				
	eisgarber		-		8-4070		59-9688		0	0493	3		
Start Date (10)	Sched	duled C			te (11)	Name of OSHA		ECS					
4/10/15 Occupancy Status Duri	ng Ahatement (Che		/11/1	13		Street Address	10.	LC3				_	_
☐ Facility Closed/Vaca				ment		01100171001000	PO I	341 Box					
☐ Abatement Performe	ed Outside of Norma				ii.	City, State, Zip C	Code			-			_
Other - Describe:							Crosswick	cs, NJ (15				_
Scope of Work (Check	all that apply)					☐ Full Co	ntainment with Ne	gative Pre	re				
≥3 sf or ≥3 lf			novati molitio			☐ Mini-En	closure	•	WS				
≥160 sf or ≥260 lf		Пре	THOILLO	f I.		Non-Ex	ag Procedure cempted (*) and N	on-Friable	cedur	е			
		7.5300	ocatio				2.0			A	bate		
Location		Used	Solely	y by		Description o		***			Тур	,e	
Asbestos-Containing TO BE ABA			tenan Istodia			tos Containing Ma thermal systems		Amoi (Spec		70		En	m
IN Facilit (13)			Staff? (12)		, ,	surfacing, VAT other miscellane	, or	SF or		Removal	Repair	caps	Enclosure
(13)				N1/0		other miscellane	ous)			val	#	Encapsulate	sure
		Yes	No	N/A					_			875	
Basem	ent		X		Th	ermal Pipe In	sulation	45		×			
									_				-
Name of Registered Wa	aste Hauler		ΤN	JDEP \	Naste	Cubic Yards	Name of Reg	stered Lar					
Stevens Environ		s Inc	Н	auler IC) No. 292	of Waste 1 CU		GROW	Land	lfill	90		
City, State	0017100	-,	-1-	102	- 12	Disposal Date	City, State	0.00 11					_
RS-ID	Allentown, N	VJ .				4/13/15,	1/1/	Morri	lle, l	PA		1000	
Completed By	Title			1.6		Signature	7/		te	1/0	/1 =		
Mahlon E. St	evens	Pr	oject	Mar	ager	191				4/9/	13		_



Date of Notification (1) 04/20/15			1 2 2 2		Building C		perator (2)		Č	F15	P.P. :	2	7		
	otification		2.75	Street Ad 207 N I	dress ROOSE	VELT	BLVD			8		75				G
DEP Ar	tial nended nendment #_				e, Zip Coo NTINE,		203				ű.	101	Pr			
× DOH jus	nergency (inc stification) ancellation	cluding		lame of JOE	Contact					Tele	phc	Numb	er			
				FACIL	ITY INFO	RMATI					_					
Name of Facility Where Abateme	nt is Taking F	Place (3)						s	of Facility (4) school (K-12))	0004400					
Street Address 207 N ROOSEVELT BLV								× C	ubchapter 8 other (i.e. pri tc.)			K-12) ercial	build	ings,	home	es,
City (5) BRIGANTINE, NJ							11	Square 1500	e Feet	# of 2	Flo		BI	dg. A	ge	
County (6) ATLANTIC COUNTY				County C STATE U	ode (7) SE ONLY)			Currer HOM	nt Use (Prior IE	if beir	ng d	olishe	d)			
Name of Monitoring Firm Hired by	y Building Ow	ner (8)		ASCM	No.				ement Contr							
Street Address							Street A		s OOVE CO	URT						
City, State, Zip Code							City, St.		o Code DD, NJ 08	701						
Project Manager for Monitoring F	irm		T	elephor	ne No.		Telepho 732-6				Lic 12	se No.				
Start Date (10) 05/04/15	1000	cheduled		pletion [Date (11)				A Monitor PROFES	SIO	NA					
Occupancy Status During Abaten							Street A		s OOVE CO	URT	_					
Facility Closed/Vacated Dur Abatement Performed Outsi Other – Describe:				ent			City, St	900	p Code DD, NJ 08	701	_					
	nolu)						LANL	. , , , ,)D, NO 00	701	 8	-				
Scope of Work (Check All That A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	рріу)		novat molitic				×	Min	Containmer i-Enclosure vebag Proce		Ne	ve Pre	essur	e		
								Nor	n-Exempted	(*) and	J Nc	riable	Pro	cedure	<u> </u>	
		ls L	.ocatio	on										Abate	ment pe	
Location of Asbestos-Containing Materia TO BE ABATED In Facility (13)	(ACM)	Used Main Custo	(12)	y by ice/ taff?		tos Cont thermal surfa	scription taining M systems cing, VAT niscelland	aterial insula 「, or		(S	mol Spec or	89	Removal	Repair	Encapsulate	Enclosure
INTERIOR		Yes	No	N/A	J	IOINT	COMP	OUNI	D	30	00		Х			
	2											-				
	A							÷			e m ti					
=							- :-:	1								
Name of Registered Waste Haule	er ·	1 10 1	N.	JDEP W	aste -	Cubic	Yards	11	Name of R	egiste	red	ndfill				
NEWARK CARTING	, O		1300110	auler ID 1509	No.	of Wa	4.0.	45.4. ***	IESI	33		S200 (7.00)				
City, State NEWARK, NJ						05/05		4:	City, State BETHLE		1 P					
Completed by JOSEPH PERLSTEIN		Title OWNE	ER			5	Signature		e e			Date 04/	20/1	5		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)		Name of Building	Owner/Oper	ator (2)						
April 20, 2015		Name of Building	Semino	ole Construction	9/2:		20	: 3	7	9
	tion I Notification nded Notification	Street Address	128 Ba	rtlett Avenue				i g		
[X] Emer	ndment # gency (including	City, State, Zip Co		reek, NJ 08092	S	3	7			
A DOM	ication) ellation	Name of Contact Joyce		Te	elephon	umber				
	EΔ	CILITY INFORM	AATION				_	-		
Name of Facility Where Abatement is Taking	Place (3)	CILIT INTORN	MATION	Type of Facility (4)						
Residence				[]	Schoo	-12)				
Street Address				[]	Subch	er 8 (oth			. 1 1 1	
60 Clarence Drive				[x]	Other homes	, privat	e & coi	nmerc	al build	iings,
City	County (6)	County Code (7) (STATE USE ONL	.Y)	Square feet 1200 sf	# of	ors	Bldg	. Age	50	
Beach Haven West	Ocean	,		Current Use (Prior if		lished)			10	
Name of Monitoring Firm Hired by Building (Owner (8)	ASCM No.	Name of A	Residen Abatement Contractor (9)					-
N/A Street Address			Street Add	Guardia	n Con	cting,	Inc.			
Success Finances			Street Add	1889 Rc	oute 9,	nit 61				
City, State, Zip Code			City, State	, Zip Code		y Town		755 1	271	
Project Manager for Monitoring Firm	Telephone Numbe	r	Telephone		iver, r	v Jerse ense N		33-1.	2/1	-
Scheduled Start Date (10)	Scheduled Comple	tion Date (11)	732-349 Name of 0	DSHA Monitor		624				
4/20/15 Occupancy Status During Abatement (Check of	4/22/15		Store A.I.	E.M.S.L	. Ana	cal				
	only one) I During Entire Period of Ab	patement	Street Add	iress 1056 Ste	elton I	ıd				
Abatement Performed (Outside of Normal Facility H		City. State	, Zip Code		-				
Other – Describe			0.03, 0.00.	Piscataw	vay, N	Jerse	y 088	54		
Scope of Work (Check all that apply)			[]	Full Containment v	vith Ne	ve Press	sure			
>3 sf or ≥3 lf	[] Renov	vation.	[]	Mini-Enclosure						
[X] ≥160 sf or ≥260 lf	[X] Demo		[x]	Glovebag Procedur Non-Exempted (*)		riable P	rocedu	re		
							Abate	ement '	Type.	
	Is Location		Description	of			R	R	Е	Е
Location of Asbestos-Containing Material (ACM)	Normally used Solely by		bestos-Cont Material (A		Aı (Spe	int y SF	E	Е	N	N
TO BE ABATED	Maintenance/Custodia		e., thermal s		0:	y 31 F)	М	P A	C A	C L
in facility	Staff	ins	ulation, sur				0 V	I	P	0
(13)	(12)	oth	VAT, or ner miscellar				A	R	S U	SU
	YES NO N/A	COSSESS					L		L E	R E
Exterior house	X	Asbestos sidir	ng		1080		X		L	Д.
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haule 20223	er ID No. Cubic Ya	ards of Waste	Name of Registere T.R.R.F.	ed Land					
City, State Toms River, New Jersey	Disp	osal Date	City, Stat	e /						
Completed by (Print or Type)	4/23	Signature	Lullyto	wn, Pennsylvania		_	Date			
Nicholas Fernicola	Project Manager		don	r - Het			4/20	/15		
	*Do not use this for	m for asbestos lice	nsure exemp	ited activities.						

heck# 11575

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-15 Date of Notification (1) Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVER TY OF NJ April 20, 2015 Notification Type Street Address Agencies Notified **□**EPA ■ Initial Notification ENVIRONMENTAL HEALTH & SA ETY DEPT. □ DCA ■ Amended Notification # 1 – 27 ROAD 1, BLDG 4086, LIVINGS ON CAMPUS X DOL new start and completion dates City, State, Zip Code ☑ DEP- No Longer REQUIRED ■ Emergency (including PISCATAWAY, NJ 08854 none Number X DOH Name of Contact Tel iustification) MICHAEL SMITH, ENV. ☐ Cancelled **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **BOYDEN HALL, BLDG#7217** School (K-12) ■ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings mes, etc.) **NEWARK CAMPUS** Age: 60+ years Sa. Feet: N/A # of Floors: 4 Blc County (6) County Code (7) City (5) NEWARK **ESSEX** (State Use Only) Current Use (prior if being demolished): A DEMIC-00 Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Contractor (9) ASCM No. Cardno ATC 0098 GREENWOOD ABATEMENT CONS _TANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BUTLER, NJ 07405 BURLINGTON, NJ 08016 Telephone Number Lic Project Manager for Monitoring Firm Telephone Number e Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00 Scheduled Completion Date (11) Scheduled Start Date (10) Name of OSHA Monitor 05/08/15 05/11/15 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code SOther - Describe: Shift Hours: M-F 5:00 PM - 5:00 AM FAIRLAWN, NJ Scope of Work (Check all that apply) ■ Full Containment h Negative Pressure ■ Renovation ■ Mini-Enclosure ≥ 3 sf or ≥ 3 lf > 160 sf or > 260 lf Demolition Glovebag Proce Non-Exempted (*) 1 Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Material (ACM) in Facility (13) Remove Repair Encap Enclose Staff? (12) VAT. or other miscell.) or LF) NO YES NA Rooms 311, 334, 344 X VAT 2400 SF X of Registered Landfill Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Na 30 CY Cubic Yards of Waste: G.).W.S. North Landfill See Hauler Below #1 & 2 See Below Disposal Date Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 City, State 05/11/15 100 New Ford Mill NJDEP # 28969 Rd. Morrisville, Pa Hauler #2) STG - 58 Pyles Lane, New Castle, De 19720 19067 NJ DEP # 20990 215-736-1700 Signature Da Completed by (Print or Type) SENIOR PROJECT RAYMOND C. PEDALINO Raymand C. Pedalino pril 20, 2015 MANAGER

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-15 Date of Notification (1) Name of Building Owner/Operator (2) March 23, 2015 RUTGERS, THE STATE UNIVER TY OF NJ Agencies Notified Notification Type Street Address **DEPA** ☑ Initial Notification ENVIRONMENTAL HEALTH & S. ETY DEPT. D DCA □ Amended Notification # 27 ROAD 1, BLDG 4086, LIVING: ON CAMPUS X DOL ■ Emergency (including City, State, Zip Code ☑ DEP- No Longer REQUIRED PISCATAWAY, NJ 08854 justification) X DOH Name of Contact Τe hone Number □ Cancelled MICHAEL SMITH, ENV. **HEALTH & SAFETY** 6.00 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 5 BOYDEN HALL, BLDG# 7217 ☐ School (K-12) ☐ Subchapter 8 (other than K-12) Street Address ■ Other (i.e. private & commercial buildings) mes, etc.) **NEWARK CAMPUS** Sq. Feet: N/A # of Floors: 4 Bl 60+ years Age: County (6) County Code (7) .. (State Use Only) Current Use (prior if being demolished): A NEWARK ESSEX DEMIC 5.3 ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Contractor (9) Cardno ATC 0098 GREENWOOD ABATEMENT CON: LTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number Lic e Number BRIAN KEARNY 609-386-8800 973-492-0477 00 0 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04/27/15 04/24/15 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD X Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code ⊠Other - Describe: Shift Hours: M-F 5:00 PM - 5:00 AM FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containmen th Negative Pressure \square ≥ 3 sf or ≥ 3 lf □ Renovation ■ Mini-Enclosure ≥ 160 sf or ≥ 260 lf ■ Demolition Glovebag Proce Non-Exempted (*) d Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Remove Repair Encap Enclose VAT, or other miscell.) Staff? (12) or LF) YES NO NA Rooms 311, 334, 344 X VAT X 2400 SF Name of Reg. Waste Hauler NJDEP Waste Hauler ID # of Registered Landfill Na 30 CY Cubic Yards of Waste: See Hauler Below #1 & 2 G. D.W.S. North Landfill See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill NJDEP # 28969 04/27/15 Rd. Morrisville, Pa Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720 19067 NJ DEP # 20990 215-736-1700 Completed by (Print or Type) Da RAYMOND C. PEDALINO SENIOR PROJECT March 23, 2015 Raymend C. Pedalino MANAGER

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-15 Name of Building Owner/Operator (2) ODate of Notification (1) TY OF NJ April 20, 2015 RUTGERS, THE STATE UNIVER Agencies Notified Notification Type Street Address ETY DEPT. ☑ Initial Notification ENVIRONMENTAL HEALTH & S. **D**EPA 27 ROAD 1, BLDG 4086, LIVING! ON CAMPUS □ Amended Notification # DCA City, State, Zip Code X DOL ■ Emergency (including PISCATAWAY, NJ 08854 ☑ DEP- No Longer REQUIRED justification) Name of Contact Te hone Number □ Cancelled MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) GRADUATE SCHOOL OF SOCIAL WORK, BLDG# 3008 ☐ School (K-12) ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings mes, etc.) COLLEGE AVENUE CAMPUS # of Floors: 4 Bl Sq. Feet: N/A Age: 80+ County (6) County Code (7) City (5) Current Use (prior if being demolished): A (State Use Only) DEMIC **NEW BRUNSWICK MIDDLESEX** Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Cardno ATC 0098 GREENWOOD ABATEMENT CON LTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 **BURLINGTON, NJ 08016** Project Manager for Monitoring Firm Telephone Number se Number Telephone Number Lic **BRIAN KEARNY** 609-386-8800 973-492-0477 00 Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) ENVIROVISION, INC. 05/01/15 05/04/15 Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other - Describe: Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) ■ Full Containmer rith Negative Pressure **X**Renovation ■ Mini-Enclosure ≥ 3 sf or ≥ 3 lf ■ Demolition Glovebag Proc ≥ 160 sf or ≥ 260 lf ■ Non-Exempted (* nd Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type (Specify SI (ACM) (i.e. thermal systems insulation, surfacing, Material (ACM) in Facility (13) Solely by Maint./Custodial Remove Repair Encap Enclose VAT, or other miscell.) or LF) Staff? (12) YES NO Room 203 X VAT 100SF X of Registered Landfill NJDEP Waste Hauler ID # Name of Reg. Waste Hauler 5 CY Cubic Yards of Waste: O.W.S. North Landfill See Below See Hauler Below #1 & 2 Disposal Date City, State Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 100 New Ford Mill 05/04/15 NJDEP # 28969 Rd. Morrisville, Pa Hauler #2) STG - 58 Pyles Lane, New Castle, De 19720 19067 NJ DEP# 20990 215-736-1700 Da Completed by (Print or Type) April 20, 2015 SENIOR PROJECT RAYMOND C. PEDALINO Raymend C. Pedalino MANAGER

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-15 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVER TY OF NJ April 20, 2015 Agencies Notified Notification Type Street Address ENVIRONMENTAL HEALTH & SA ETY DEPT. **DEPA** ☑ Initial Notification DCA 27 ROAD 1, BLDG 4086, LIVINGS ON CAMPUS ☐ Amended Notification # City, State, Zip Code X DOL 20 ■ Emergency (including PISCATAWAY, NJ 08854 ☑ DEP- No Longer REQUIRED iustification) 5 Name of Contact ione Number X DOH Te □ Cancelled MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 170 MILLEDOLER HALL, BLDG# 3010 ☐ School (K-12) ☐ Subchapter 8 (other than K-12) Street Address mes, etc.) ■ Other (i.e. private & commercial buildings) COLLEGE AVENUE CAMPUS Sq. Feet: N/A # of Floors: 4 Blo Age 80+years County (6) County Code (7) (State Use Only) Current Use (prior if being demolished): A DEMIC NEW BRUNSWICK MIDDLESEX ASCM No. Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) Cardno ATC 0098 GREENWOOD ABATEMENT CONS LTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode BUTLER, NJ 07405 BURLINGTON, NJ 08016 Telephone Number Telephone Number e Number Project Manager for Monitoring Firm Lic **BRIAN KEARNY** 609-386-8800 973-492-0477 00 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor ENVIROVISION, INC. 05/01/15 05/04/15 Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other - Describe: Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) Full Containmen ith Negative Pressure **X**Renovation Mini-Enclosure > 3 sf or > 3 lf □ > 160 sf or > 260 lf ■ Demolition Glovebag Proce ■ Non-Exempted (*) d Non-Friable Procedure Description of Asbestos Containing Material Location of Asbestos-Containing Is Location Normally Used Amount Abatement Type (Specify SF Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, Remove Repair Encap Enclose or LF) VAT, or other miscell.) Staff? (12) YES NO NA Room 213 70SF X X VAT NJDEP Waste Hauler ID # of Registered Landfill Name of Reg. Waste Hauler Na 5 CY Cubic Yards of Waste: G. D.W.S. North Landfill See Hauler Below #1 & 2 See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill NJDEP # 28969 05/04/15 Rd. Morrisville, Pa Hauler #2) STG - 58 Pyles Lane, New Castle, De 19720 19067 NJ DEP # 20990 215-736-1700 Da Completed by (Print or Type) Signature RAYMOND C. PEDALINO SENIOR PROJECT pril 20, 2015 Raymand C. Pedalino MANAGER

Date of Notification (1) 4/15/1	5				of Buildin	ng Owner/Operator chowski	(2)		· la Arg	11 2	3.	£	1::
Agencies Notified	Type Notifica	ation		Stree	t Address Howard						E		
DEP DOL	Amended Amendme	ent #	_		State, Zip	Code NJ 08034						Te	
DOH DCA	justificat Cancellat	on)	9		e of Con Wojciech			Telept	e Numb	ег			
				FA	CILITY IN	FORMATION							
Name of Facility Where Residence	Abatement is T	aking Place	(3)				Type of Facili	12)		V2.			
Street Address 530 Howard Road		Į3					Subchapte Other (i.e., homes, et	private 8	in K-12	*	dings		
City (s) Cherry Hill, NJ 080	34						Square Feet 2300	# of l	ors	1000	ldg. O yrs	0.000	
County (6) Camden				Cou	nty Code	(7) (STATE	Current Use (Residence	Prior if bei	iemolis	shed)			
Name of Monitoring Firm	Hired by Build	ding Owner		ASCM	No.	Name of Abater AEi2, LLC	ment Contractor	(9)					
Street Address	_					Street Address					_	_	\dashv
						300 S. Lenola							_
City, State, Zip Code						City, State, Zi Maple Shade,							
Project Manager for M	lonitoring Fir	m	Tele	phone	No.	Telephone No. 609-481-212	22	Licer 006	No.				
Start Date (10)		Scheduled C	omple	tion Da	ite (11)	Name of OSHA			7				
4/25/15		/2/15				AEi2, LLC							
Occupancy Status Durin Facility Closed/Vaca		_		tement		Street Address 300 Lenola							
Abatement Performed Other - Describe:						City, State, Zip C Maple Shade	Code						
Scope of Work (Check a	Il that apply)					Full Co	ntainment with	Negative I	ssure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		X Re	enovati molitic	ion on		Gloveb	ag Procedure						
		ls l	ocatio	on		△ Non-E	xempted (*) and	Non-Friab	rocedu	T	bate	ment	\neg
Location	of	N Used	ormally Solel	y by		Description of	f				Тур		
Asbestos-Containing Market Fig. 10 BE ABA* IN Facility (13)	TED	C	ntenan ustodia Staff? (12)		Asbes (i.e.	tos Containing Ma , thermal systems surfacing, VAT other miscellane	insulation, , or	Am (Spi SF o	nt y :)	R e m o v a	R e p a i	ичовочи	E n c l o s u
		Yes	No	N/A						1	r	a t	e
First Floor		_		X	Floor T	ile		840sf		X		c	
		_		_				-		\vdash			\vdash
		_						+		-		\vdash	\vdash
Name of Registered Wa	ste Hauler			JDEP)		Cubic Yards	Name of Re	gistered La	fill				\dashv
AEi2, LLC				lauler II 1376) No.	of Waste 2	TBD						
City, State Maple Shade, NJ						TBD / /	City, State	//					
Completed By		Title				Signature (,	#	ate		_	_	-
Wm. Minnick		Progran	n Mg	г		XI M	mul	1	15/15				

Date of Notification (1)					Building ((2)				-			1975
04/16/2015				Bulin A	Associate	es, Inc	Σ.		20	ii ra.					
Agencies Notified	Type Notification	1		Street A	ddress ummit A	venue				12 500	3	4	í [:	. ; ;	:
EPA × DEP	X Initial Amended			City, Sta	te, Zip Co	de								- 43	
X DOL	Amendmen Emergency		-	Union	City, NJ	07087	7			- 11	11		F. A	W	
× DOH	justification)			Contact				Te	lephone	mb	er	1,		
DCA	Cancellatio	n —————			Salama										
Name of Facility Where		ng Place (3)		FACI	LITY INFO	RMAT	ION	Type of Facility	(4)		_				
Angels's World Day	/ Care							School (K-							
Street Address 708 West Street	117							Subchapte Other (i.e.			2)	huile	linas	home	20
City (5)								etc.)			-		88508577		
Union City								Square Feet	# (of Floors		B	dg. A	ge	
County (6)				County (Code (7)	-	30122-05-	Current Use (Pr	ior if be	ing dem	he	4)			
Hudson					JSE ONĹY)	-		Day Care				۷)			
Name of Monitoring Firm Envirovision Consu		Owner (8)		ASCN 0079	1.00376			of Abatement Co Company, In		r (9)					
Street Address	marto, mo.,			0073				Address			_				
20-21 Wagraw Rd.							Piaget Avenue	9							
City, State, Zip Code	10						tate, Zip Code			_					
Fair Lawn, NJ 074				Telephor			C-5-00000-10000	n, NJ 07011							
Guillermo Morales							100	none No. 253-8828		Licen 0070	Vo.				
Start Date (10) 05/01/2015		Scheduled 05/02/20		pletion (Date (11)			of OSHA Monitor Company, In-							
Occupancy Status Durin	g Abatement (Che	ck Only One	:)					Address			-				
Facility Closed/Vac	ated During Entire	Period of Al	oatem	ent											
Abatement Perform Other – Describe:	ned Outside of Nor	mal Facility I	Hours				City, S	tate, Zip Code							
Scope of Work (Check A	All That Apply)	10				100					-	-			
× ,≥3 sf or≥3 lf		× Re	enovat	tion				Full Containm	nent wit	h Negat	Pre	ssur	e		
≥160 sf or ≥260 lf		☐ De	emoliti	ion			×	Mini-Enclosur	e	3	2070				
								Non-Exempte	d (*) ar	nd Non-I	ble	Prod	cedur	е	
	-		ocatio									3		ment	
Location Asbestos-Containing			ormall Solel		0 - 1		scription			· contract of the contract of	-		1 y	ре	
TO BE AB	ATED		itenar	nce/				Material (ACM) s insulation,		Amount Specify		R	-	Enc	m
In Faci (13)	(10.40		(12)	itan:		surfa other	cing, VA miscellar	T, or	S	F or LF)		Remova	Repair	Encapsulate	Enclosure
1		Yes	No	N/A		01101	moodiidi	10000)				/al	Ξ.	ulate	ure
Restro	om		X	1		Pipe	insula	tion		9 LF	-	ς			
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							-				+				
Name of Registered Wa	of Registered Waste Hauler					Cubic	Yards	Name of	Reaist	ered Lai	11				
Newark Carting, Inc	wark Carting, Inc.					of Wa		IESI			, d				
City, State						Dispo	sal Date	City, Sta	te		_				
Newark, NJ								Bethlel	nem,	PA					
Completed by Voytek Roszkowski		Title Presid	ent			3	Signature) n)		ate		045		
-,		1 16310	CIIL				4.0	LOSTEDLE	slew		4/	10/2	015		

Date of Notification (1) 04/16/2015		-810				f Building Holly T									1.5	
Agencies Notified	Type Notific	cation			Street A		OWITST	11p DOL	-		Sett RPF	10	r			
× EPA × DEP	× Initial	*				evis Driv						U	ŕ.	7 /:	33	
X DEP X DOL	Ameno Ameno	ded dment #				ate, Zip Co Holly, N		160			-5-91	2.		11 in		
× DOH	Emerg justific		ncluding	-		f Contact					Telephon		ber	1.15	£J:	
☐ DCA	Cance				2002	Soltesz										
Name of Facility Where	Abatement is	Taking	Place (3	3)	FACI	LITY INF	ORMAT	ION	Type of F	acility (4)		_			-	
Gertrude C. Folwell	Elementa	ry Sch	nool							ool (K-12)						
Street Address 455 Jacksonville Ro	oad .								Subo	chapter 8 er (i.e. priv	(Other than rate & com	12 cia		dings	, hom	es,
City (5)							4		etc.) Square Fe		# of Floor			Bldg. A		
Mount Holly									oqualori		# 0111001		1	Jiug. 7	ige	
County (6) Burlington						Code (7) USE ONLY)		Current U School	se (Prior	if being der	sh	ed)			
Name of Monitoring Firm M&ECS, Inc.	Hired by Bu	ilding O	wner (8)		ASC	Л No.			of Abateme		actor (9)	-				
Street Address		•							Address	.,,	-	-				
PO Box 341									Piaget Av							
City, State, Zip Code Chesterfield, NJ 08								0.000	tate, Zip Con, NJ 07							
William Weisgarber	er for Monitoring Firm sgarber					ne No. 98-4070			one No. 253-8828	3	Licei 007	No).			
Start Date (10) 05/04/2015			Schedule 05/22/2		pletion	Date (11)		00.000.0000	of OSHA M							
Occupancy Status Durin	g Abatement	(Check	Only Or	ne)					Address	.,,		-				
Facility Closed/Vac × Abatement Perform	ed Outside o	f Norma	eriod of A	Abatem Hours	nent			City S	tate, Zip Co	ode		_				
Other – Describe:	4:00 PM-12:30) AM						Only, o	1010, Zip 01	Juc						
Scope of Work (Check A	II That Apply)								1							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf				Renova Demolit						ntainment	with Nega	Pr	essu	ire		
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Location Asbestos-Containing		M		Normal d Sole				escription			27			Ту	/pe	
TO BE AB	ATED ,	ivi)		intenar todial S		Aspes (i.e.	therma	systems	laterial (AC insulation	M)	Amount (Specify		Re	<u>.</u> .	Enc	E
In Facil (13)	ity			(12)				acing, VA miscellan			SF or LF		Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A								a	1	late	Ire
Crawlsp	ace		X	N 		Pipe/fit	ting in	sulation	n "wrap&	cut"	1,740 L		х			
Crawlsp	ace		Х			F	Pipe/fit	ting ins	ulation		100 LF			х		
1st Floor H	t Floor Hallway						Tran	site pa	nels		128 SF		Х			
								150.0								
Name of Registered Was					JDEP W auler ID		Cubic of Wa	: Yards iste	900000		gistered La	ill				
Freehold Cartage, In	IG.				5939		40				Berks La	ill				
City, State Freehold, NJ	ts						Dispo	sal Date		y, State rdsboro	, PA		290,000			
Completed by Voytek Roszkowski		***	Title	dost				Signature		l 1		Date		2015		
V O Y LOIN I NOSZKOWSKI			Presi	uent				0	ROD.	2005	91	14/	16/2	2015		

NO CK

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

140			(P	ursuant	to NJAC	8:60 an	d 12:120))	WECK # 213	103	010	9-		
Date of Notification (1) 04-17-15					f Building uthority				****					
Agencies Notified	Type Notification			Street A 913 Fr		Rogers	Boule	vard South	Carlo I me	111				
DEP X DOL	Initial Amended Amendment	¥ 5		City, Sta	ate, Zip Co	ode						W		
⊠ DOH DCA	Emergency (i justification) Cancellation				f Contact				Telephor	lun	ber			
□ box	Cancellation				LITY INF	ORMATI	ION			_				-
Name of Facility Where A Harrison Path Statio		Place (3)	1 701	2111 1141	OKWATI	OIN	Type of Facil						
Street Address								School (K-12) oter 8 (Other tha	-12	1			
600 Guyon Avenue									e. private & com			dings	hom	es,
City (5) Harrison								Square Feet 5,915	# of Floo		10000	Bldg. A		
County (6) Hudson					Code (7) USE ONLY)		Current Use	Prior if being de	ish	ed)			
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCM	l No.			of Abatement	Contractor (9)					
Street Address								Address		_				
Olicet Address								Address Broad Stree	t					
City, State, Zip Code							100000000000000000000000000000000000000	tate, Zip Code tadt, NJ 07						
Project Manager for Monit	oject Manager for Monitoring Firm						100000000000000000000000000000000000000	one No. 939-6565	Lice 007	No).			
Start Date (10)		Schedule	d Con	npletion [Date (11)		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	of OSHA Moni		Sec. Comment				_
(1)Project Postpone	d(5)04-23-15	12-31-1	14(4)				Even	-Air Inc.						
Occupancy Status During		88						Address Jackson A	VANUA					
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire P d Outside of Norm	eriod of A al Facility	baten Hours	nent			City, S	tate, Zip Code		_				
Scope of Work (Check All	That Apply)						Long	Island City	, NY 11101	_	-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	, mac / ppij/	_	enova emolit					Full Contai	nment with Nega	∍ Pi	essu	re		
		_					×	Glovebag F		abl	e Pro	cedur	е	
		Is	Locati	on						5.51		Abate	emen	t
Location Asbestos-Containing		Used	lormal d Sole	ly by	Ashes		scription	of aterial (ACM)	Amoun			13	pe _	
TO BE ABA In Facilit	TED	U. 1500-15100	ntenar odial S	53809001		thermal	systems	insulation,	(Specify		Rei	D.	Encapsulate	Enc
(13)	у		(12)				cing, VA niscellan		SF or LF		Remova	Repair	psu	Enclosure
		Yes	No	N/A							a	7	ate	re
Canopy R	loof			х		F	Roofing		2,420S		x			
Canopy W	/alls			х	Tai	r Coate	ed Meta	l Panels	2,1748		х			
Name of Dazistavad Wast	egistered Waste Hauler					T 0 1:		T. N. and						
ATC, Inc. / JBT (5007	Н	JDEP Wauler ID 1310		of Was			of Registered Larva Enterpris	fill						
City, State						SAME RES	sal Date	City, S	tate				- 5000	
Shirley, NY / Bronx, N	IY		-	~		TBD	Λ	Wayı	nesburg, OH	68				
Completed by Joseph Patrick		Title Project	ct Ma	nager		S	ignature	(HA)	/	Dat 04-	e -17-	15		

ALD OK

State of New Jersey

/٧0		1			to NJAC					CHECI	-0	304	46		
Date of Notification (1) 04-20-15					f Building		Operator	(2)							
Agencies Notified	Type Notification	ו		Street A	address	Johnso	n Plaz	—— а							
DEP X DOL	Initial Amended Amendmer				ate, Zip C Brunswi		08901								
⊠ DOH □ DCA	justification Cancellatio)			f Contact					Telephoi (732) 5		nber 560			
	cariocilatio	M			ILITY INF		ION			(102)					
Name of Facility Where A Kilmer House (J&J		ng Place (3)	1 40	LIII INI	OKWAT	ION	_	of Facility	*00 .					
Street Address 501 George Street								×	Other (i.e. p	8 (Other that orivate & con	-12 rcia		ldings	, hom	es,
City (5) New Brunswick									etc.) re Feet 00	# of Floo			3ldg. /		
County (6) Middlesex					Code (7)	n			ent <u>Use (P</u> ri	or if being de	lish		,		
Name of Monitoring Firm Environmental Heal				ASCN	И No.		10.000			ntractor (9) ental Corp					
Street Address 655 West Shore Tra	ail					The state of the s	Street	Addre							
City, State, Zip Code Sparta, NJ 07871									ip Code NJ 0707	2					
Project Manager for Mon Laura Wieczezak	itoring Firm			Telepho (973) (ne No. 351-104	10	Teleph		0.	Lice 007	: No).			
Start Date (10) (1)Project Postpone	ed(2)03-25-15	Schedule		npletion	Date (11))	Name		HA Monitor		-				<u> </u>
Occupancy Status During				rojoot	Соппрі	otou	Street	system is			-				
➤ Facility Closed/Vaca		-		oont					kson Ave	nue					
Abatement Performed Other – Describe:	ed Outside of Nor	mal Facility	Hours	ient S			The Conference of the Conference		ip Code nd City, N	V 11101					
Scope of Work (Check Al	That Apply)						Long	ISIGI	id Oity, iv		_				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,	presentation of the last of th	enova emolit				×	Mir Glo	ni-Enclosure ovebag Pro	cedure		essu			
		1		August 1				1 110	n-Exemple	d (*) and Non	abi	e Pro	Cedur	e ement	
Location	of	11 11 11 11 11 11 11 11 11 11 11 11 11	Locati Iormal	SE 1717		Do	corintian	of					X	ре	
Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM)	Mai Cust	d Sole ntenar odial S (12)	nce/ Staff?		stos Cont . thermal surfac		laterial s insula T, or		Amoun (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
1st Floor Perim	eter Walls	Yes	No	N/A X		ACM \	Wall Pl	actor		1,080S	_	7.5		(b)	
Basement S			-	0.00							_	x			
Dasement	taliwell			X		ACM C	elling F	riaste	·r	908		Х			
Name of Registered Was	te Hauler		N	JDEP W	aste	Cubic	Yards		Name of	Registered La	fill				
Environmental Trans		:.	0.00	auler ID		of Was			, 0000 min 600 min	S Landfill					
City, State Flanders, NJ 07836				70		Dispos	sal Date	7	City, State Morrisv	ille, PA 19	7				

Completed by

Richard Doran

Title

Project Manager

Signature

Date

04-20-15